

<input type="checkbox"/> CORRECTED (if checked)		BR8-RAI	
PAYER'S name, street address, city, state, and ZIP code THE AFFINITY GROUP, INC. RETIREMENT ACCOUNTS, INC. 717 17TH STREET SUITE 2500 DENVER, CO 80202 800-325-4352		OMB No 1545-0119 2001 Form 1099-R	
PAYER'S Federal identification number [REDACTED]		Distributions From Pensions Annuities, Retirement or Profit-Sharing Plans,IRAs, Insurance Contracts, etc.	
RECIPIENT'S identification number [REDACTED]		Copy C For Recipients Records This information is being furnished to the Internal Revenue Service.	
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 800 SOUTH OCEAN BLVD. SUITE L4 BOCA RATON FL 33432		Total distribution <input type="checkbox"/>	
Account number (optional) [REDACTED]		3 Capital gain (included in box 2a) \$0.00 4 Federal income tax withheld \$0.00 5 Employee contributions or insurance premiums \$0.00 6 Net unrealized appreciation in employer's securities \$0.00 7 Distribution code(s) <input type="checkbox"/> IRA/SEP/SIMPLE <input checked="" type="checkbox"/> X 8 Other \$0.00 % 9a Your percentage of total distribution % 9b Total employee contributions \$0.00 10 State tax withheld \$0.00 FL/ 11 State/Payer's state no. 12 State distribution \$0.00 13 Local tax withheld \$0.00 14 Name of locality 15 Local distribution \$0.00	
(keep for your records)			
Department of the Treasury-Internal Revenue Service			

Form 1099-R

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PAYER'S name, street address, city, state, and ZIP code THE AFFINITY GROUP, INC. RETIREMENT ACCOUNTS, INC. 717 17TH STREET SUITE 2500 DENVER, CO 80202 800-325-4352		OMB No 1545-0119 2001 Form 1099-R	
PAYER'S Federal identification number [REDACTED]		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans,IRAs, Insurance Contracts, etc.	
RECIPIENT'S identification number [REDACTED]		Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.	
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 800 SOUTH OCEAN BLVD. SUITE L4 BOCA RATON FL 33432		Total distribution <input type="checkbox"/>	
Account number (optional) [REDACTED]		3 Capital gain (included in box 2a) \$0.00 4 Federal income tax withheld \$0.00 5 Employee contributions or insurance premiums \$0.00 6 Net unrealized appreciation in employer's securities \$0.00 7 Distribution code(s) <input type="checkbox"/> IRA/SEP/SIMPLE <input checked="" type="checkbox"/> X 8 Other \$0.00 % 9a Your percentage of total distribution % 9b Total employee contributions \$0.00 10 State tax withheld \$0.00 FL/ 11 State/Payer's state no. 12 State distribution \$0.00 13 Local tax withheld \$0.00 14 Name of locality 15 Local distribution \$0.00	
Department of the Treasury-Internal Revenue Service			

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Department of the Treasury-Internal Revenue Service			

Form 1099-R

<input type="button" value="Save"/> <input type="button" value="Detail"/> <input type="button" value="Search"/> <input type="button" value="Adjustment"/> <input type="button" value="Print"/> <input type="button" value="Exit"/>		Distributions Code <input type="text" value="7"/> <input type="button" value="?"/>	
		IRS Correction IRS File Date: 9/29/2005 Print Correction Print Date: 2/23/2009	
PAYER'S name, street address, city, state, ZIP code THE AFFINITY GROUP, INC 717 17TH STREET SUITE 2600 DENVER CO 80202		1. Gross distribution \$200,000.00 2a. Taxable amount \$200,000.00	OMB No 1545-0119 2002 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2b. Taxable amount not determined <input checked="" type="checkbox"/> 3. Capital gain (included in box 2a) \$0.00	Total distribution <input type="checkbox"/> 4. Federal income tax withheld \$0.00
PAYER'S Federal identification number	RECIPIENT'S identification number REDACTED	5. Employee contributions or insurance premiums \$0.00	6. Net unrealized appreciation in employer's securities \$0.00
RECIPIENT'S name, address, city, state and ZIP code MILLER, STANLEY T 800 SOUTH OCEAN BLVD. SUITE 14 BOCA RATON FL 33432		7. Distribution code <input type="text" value="7"/> IRA/SEP/ <input checked="" type="checkbox"/> SIMPLE	8. Other \$0.00 % 9a. Your percentage of total distribution % 9b. Total employee contributions \$0.00
		10. State tax withheld \$0.00	11. State/Payer's state no 12. State distribution \$0.00
Account number(optional) 031038030438		13. Local tax withheld \$0.00	14. Name of locality 15. Local distribution \$0.00
Mark Form Printed <input type="checkbox"/> Mark Form Filed <input type="checkbox"/> Depository Account Indicator <input type="checkbox"/> Loss Indicator <input type="checkbox"/> Revoked Earnings Indicator <input type="checkbox"/> Puerto Rico Fund Contributions Indicator Return Address ID <input type="checkbox"/> Message ID <input type="checkbox"/> Transaction Code <input type="checkbox"/> Payment Month <input type="checkbox"/>			

<input type="button" value="Save"/>	<input type="button" value="Detail"/>	<input type="button" value="Search"/>	<input type="button" value="Adjustment"/>	<input type="button" value="Print"/>	<input type="button" value="Exit"/>	Distributions Code: 7
IRS Correction IRS File Date: 9/15/2005						Print Correction Print Date: 9/14/2005
PAYER'S name, street address, city, state, ZIP code THE AFFINITY GROUP RETIREMENT ACCOUNTS INC. 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$250,000.00 2a Taxable amount \$250,000.00		OMB No. 1545-0119 2003 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification number REDACTED		2b. Taxable amount not determined <input checked="" type="checkbox"/> 3 Capital gain (included in box 2a) \$0.00 5 Employee contributions or insurance premiums \$0.00		Total distribution <input type="checkbox"/> 4. Federal income tax withheld \$0.00 6. Net unrealized appreciation in employer's securities \$0.00		Copy 2 File this copy with your state, city, or local income tax return, when required
RECIPIENT'S name, address, city, state and ZIP code MILLER, STANLEY T 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		7 Distribution code 7 9a. Your percentage of total distribution %		8 Other \$0.00 9b. Total employee contributions \$0.00		
Account number(optional) 031038030438 (308329193110083)		10. State tax withheld \$0.00		11. State/Payer's state no. 12. State distribution \$0.00		13. Local tax withheld \$0.00 14. Name of locality 15. Local distribution \$0.00
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Return Address ID		Message ID		Transaction Code		Payment Month.

CORRECTED (if checked)			
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 449,977.26 2a Taxable amount \$ 449,977.26	OMB No. 1545-0119 2004 Form 1099-R
PAYER'S Federal identification number REDACTED		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		3 Capital gain (Included in box 2a) \$ 5 Employee contributions or insurance premiums \$ 7 Distribution code(s) <input type="checkbox"/> IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/> X 9a Your percentage of total distribution %	4 Federal income tax withheld \$ 6 Net unrealized appreciation in employer's securities \$ 8 Other \$ % 9b Total employee contributions \$
Account number (optional) 031038030438		10 State tax withheld \$ 13 Local tax withheld \$	11 State/Payer's state no. FL / 14 Name of locality
			12 State distribution \$ 15 Local distribution \$

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PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 449,977.26 2a Taxable amount \$ 449,977.26	OMB No. 1545-0119 2004 Form 1099-R
PAYER'S Federal identification number REDACTED		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		3 Capital gain (Included in box 2a) \$ 5 Employee contributions or insurance premiums \$ 7 Distribution code(s) <input type="checkbox"/> IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/> X 9a Your percentage of total distribution %	4 Federal income tax withheld \$ 6 Net unrealized appreciation in employer's securities \$ 8 Other \$ % 9b Total employee contributions \$
Account number (optional) 031038030438		10 State tax withheld \$ 13 Local tax withheld \$	11 State/Payer's state no. FL / 14 Name of locality
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PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 449,977.26 2a Taxable amount \$ 449,977.26	OMB No. 1545-0119 2004 Form 1099-R
PAYER'S Federal identification number REDACTED		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		3 Capital gain (Included in box 2a) \$ 5 Employee contributions or insurance premiums \$ 7 Distribution code(s) <input type="checkbox"/> IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/> X 9a Your percentage of total distribution %	4 Federal income tax withheld \$ 6 Net unrealized appreciation in employer's securities \$ 8 Other \$ % 9b Total employee contributions \$
Account number (optional) 031038030438		10 State tax withheld \$ 13 Local tax withheld \$	11 State/Payer's state no. FL / 14 Name of locality
			12 State distribution \$ 15 Local distribution \$

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Form 1099-R
4H8034 2.000

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B
Report this income on your federal tax return. If this form shows Federal Income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Copy C
For Recipient's Records

This information is being furnished to the Internal Revenue Service.

12 State distribution
\$
15 Local distribution
\$

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 2
File this copy with your state, city, or local income tax return, when required.

12 State distribution
\$
15 Local distribution
\$

CORRECTED (if checked)			
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 350,000.00 2a Taxable amount \$ 350,000.00	OMB No. 1545-0119 2005 Form 1099-R
PAYER'S Federal identification number REDACTED		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>
RECIPIENT'S name, street address, city, state, and ZIP code STANLEY T. MILLER 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		3 Capital gain (included in box 2a) \$ 0	4 Federal income tax withheld \$ 0
Account number (see instructions) 031038030438 7		5 Employee contributions or insurance premiums \$ 0	6 Not unrealized appreciation in employer's securities \$ 0
		7 Distribution code(s) <input checked="" type="checkbox"/> IRA/SEP/SIMPLE	8 Other <input type="checkbox"/>
		9a Your percentage of total distribution %	9b Total employee contributions \$ 0
		10 State tax withheld \$ 0	11 State/Payer's state no. FL /
		13 Local tax withheld \$ 0	14 Name of locality 15 Local distribution \$ 0

Form 1099-R

Department of the Treasury - Internal Revenue Service

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

Copy B
Report this
income on your
federal tax
return. If this
form shows
Federal income
tax withheld in
box 4, attach
this copy to
your return.

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PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 350,000.00 2a Taxable amount \$ 350,000.00	OMB No. 1545-0119 2005 Form 1099-R
PAYER'S Federal identification number REDACTED		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>
RECIPIENT'S name, street address, city, state, and ZIP code STANLEY T. MILLER 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		3 Capital gain (included in box 2a) \$ 0	4 Federal income tax withheld \$ 0
Account number (see instructions) 031038030438 7		5 Employee contributions or insurance premiums \$ 0	6 Not unrealized appreciation in employer's securities \$ 0
		7 Distribution code(s) <input checked="" type="checkbox"/> IRA/SEP/SIMPLE	8 Other <input type="checkbox"/>
		9a Your percentage of total distribution %	9b Total employee contributions \$ 0
		10 State tax withheld \$ 0	11 State/Payer's state no. FL /
		13 Local tax withheld \$ 0	14 Name of locality 15 Local distribution \$ 0

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PAYER'S Federal identification number REDACTED		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>
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		7 Distribution code(s) <input checked="" type="checkbox"/> IRA/SEP/SIMPLE	8 Other <input type="checkbox"/>
		9a Your percentage of total distribution %	9b Total employee contributions \$ 0
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Form 1099-R

5H8034 2.000

Department of the Treasury - Internal Revenue Service

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File this copy
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PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 50,000.00 2a Taxable amount \$ 50,000.00	OMB No. 1545-0119 2006 Form 1099-R
		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>
PAYER'S federal identification number	RECIPIENT'S identification number REDACTED	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
RECIPIENT'S name, street address (including apt no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
		7 Distribution code(s) <input type="checkbox"/> IRA/SEP/SIMPLE <input checked="" type="checkbox"/> X	8 Other \$ %
		9a Your percentage of total distribution %	9b Total employee contributions \$
		10 State tax withheld \$	11 State/Payer's state no. FL /
Account number (see instructions) 031038030438		13 Local tax withheld \$	14 Name of locality
12 State distribution \$			
15 Local distribution \$			

Form 1099-R

Department of the Treasury - Internal Revenue Service

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Account number (see instructions) 031038030438		13 Local tax withheld \$	14 Name of locality
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Department of the Treasury - Internal Revenue Service

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		9a Your percentage of total distribution %	9b Total employee contributions \$
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Department of the Treasury - Internal Revenue Service

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		2a Taxable amount \$ 100,000.00	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
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PAYER'S federal identification number REDACTED	RECIPIENT'S identification number REDACTED	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
		7 Distribution code(s) <input type="checkbox"/> IRA/ <input type="checkbox"/> SEP/ <input type="checkbox"/> SIMPLE <input checked="" type="checkbox"/>	8 Other <input type="checkbox"/> \$ %
		9a Your percentage of total distribution <input type="checkbox"/> %	9b Total employee contributions \$
1st year of design. Roth contrib. REDACTED		10 State tax withheld \$	11 State/Payer's state no. FL /
Account number (see instructions) 031038030438		13 Local tax withheld \$	14 Name of locality REDACTED
15 Local distribution \$			

Form 1099-R

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PAYER'S federal identification number REDACTED	RECIPIENT'S identification number REDACTED	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
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		7 Distribution code(s) <input type="checkbox"/> IRA/ <input type="checkbox"/> SEP/ <input type="checkbox"/> SIMPLE <input checked="" type="checkbox"/>	8 Other <input type="checkbox"/> \$ %
		9a Your percentage of total distribution <input type="checkbox"/> %	9b Total employee contributions \$
1st year of design. Roth contrib. REDACTED		10 State tax withheld \$	11 State/Payer's state no. FL /
Account number (see instructions) 031038030438		13 Local tax withheld \$	14 Name of locality REDACTED
15 Local distribution \$			

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		7 Distribution code(s) <input type="checkbox"/> IRA/ <input type="checkbox"/> SEP/ <input type="checkbox"/> SIMPLE <input checked="" type="checkbox"/>	8 Other <input type="checkbox"/> \$ %
		9a Your percentage of total distribution <input type="checkbox"/> %	9b Total employee contributions \$
1st year of design. Roth contrib. REDACTED		10 State tax withheld \$	11 State/Payer's state no. FL /
Account number (see instructions) 031038030438		13 Local tax withheld \$	14 Name of locality REDACTED
15 Local distribution \$			

Form 1099-R

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File this copy
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income tax
return, when
required.

CONFIDENTIAL

FISERV-MILLER-00143

CORRECTED (if checked)			
PAYER'S name, street address, city, state, and ZIP code TRUST INDUSTRIAL BANK Fiserv Investment Support Services P O BOX 173859 DENVER, CO 80217-3859		1 Gross distribution \$ 900,000.00	OMB No. 1545-0119 2008 Form 1099-R
		2a Taxable amount \$ 900,000.00	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>
PAYER'S federal identification number REDACTED	RECIPIENT'S identification number REDACTED	3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
		7 Distribution code(s) <input checked="" type="checkbox"/> IRA/ SEP/ SIMPLE	8 Other \$ %
		9a Your percentage of total distribution %	9b Total employee contributions \$
1st year of design. Roth contrib. 031038030438		10 State tax withheld \$	11 State/Payer's state no. FL /
		13 Local tax withheld \$	14 Name of locality 16 Local distribution \$

Department of the Treasury - Internal Revenue Service

Form 1099-R

CORRECTED (if checked)			
PAYER'S name, street address, city, state, and ZIP code TRUST INDUSTRIAL BANK Fiserv Investment Support Services P O BOX 173859 DENVER, CO 80217-3859		1 Gross distribution \$ 900,000.00	OMB No. 1545-0119 2008 Form 1099-R
		2a Taxable amount \$ 900,000.00	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>
PAYER'S federal identification number REDACTED	RECIPIENT'S identification number REDACTED	3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
		7 Distribution code(s) <input checked="" type="checkbox"/> IRA/ SEP/ SIMPLE	8 Other \$ %
		9a Your percentage of total distribution %	9b Total employee contributions \$
1st year of design. Roth contrib. 031038030438		10 State tax withheld \$	11 State/Payer's state no. FL /
		13 Local tax withheld \$	14 Name of locality 15 Local distribution \$

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Form 1099-R

{Keep for your records.)

CORRECTED (if checked)			
PAYER'S name, street address, city, state, and ZIP code TRUST INDUSTRIAL BANK Fiserv Investment Support Services P O BOX 173859 DENVER, CO 80217-3859		1 Gross distribution \$ 900,000.00	OMB No. 1545-0119 2008 Form 1099-R
		2a Taxable amount \$ 900,000.00	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>
PAYER'S federal identification number REDACTED	RECIPIENT'S identification number REDACTED	3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
		7 Distribution code(s) <input checked="" type="checkbox"/> IRA/ SEP/ SIMPLE	8 Other \$ %
		9a Your percentage of total distribution %	9b Total employee contributions \$
1st year of design. Roth contrib. 031038030438		10 State tax withheld \$	11 State/Payer's state no. FL /
		13 Local tax withheld \$	14 Name of locality 15 Local distribution \$

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Form 1099-R

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